

Personal information you provide may be used for secondary purposes [Privacy Law s.15.04 (1)(m)].

ELEVATOR / ESCALATOR ACCIDENT REPORT

Building Name	Owners Name	Registration Tag No.
Street Address	Address	Regulated Object ID.
City, State, Zip	City, State, Zip	Manufacturer

1. **Comm 18.08(2)(a) Accidents to be reported.** Whenever an elevator or other installation covered by this chapter causes injury to any person, the owner or person in control of the elevator shall notify the department within 48 hours of the accident. The report shall include the date and time of the accident, the location of the elevator or device involved in the accident and description of the accident.

Name of Injured: _____ Date of Injury: _____ Time of Injury: _____
 Address: _____ City: _____ State: _____ Telephone: _____
 Nature of Injury: _____ Did Accident Cause a Fatality: ☐ Yes ☐ No

2. **Comm 18.08(2)(b) Operation discontinued.** When an accident involves the failure or destruction [of] an elevator or other installation covered by this chapter and results in injury to a person who requires immediate medical attention, the elevator or device shall be taken out of service and shall not be used again until authorized by the department.
3. **Comm 18.08(2)(c) Removal of parts restricted.** No part of the damaged installation, construction or operating mechanism shall be removed from the premises until the department grants permission.

Was Elevator Moved: ☐ Yes ☐ No Elevator Contractor / Inspector Notified: ☐ Yes ☐ No
 If Yes Reason: _____ If Yes Name(s) and Telephone Number(s) _____

Describe fully how accident occurred and state what injured was doing when the accident occurred:

Name(s) and Telephone Number(s) of Wittiness:

Does Elevator have a Permit to Operate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection:
Name of Person Filing Report (Please Print Clearly)	Company or Firm
Signature of Person Filing Report	Date of this Report

Reports Shall Be Filed With the Department of Commerce Within 15 (Fifteen) Days of Accident
A Copy of This Report Shall Be Forwarded to the Owner